

Recovery, Self-Determination, and Empowerment: Practical Applications

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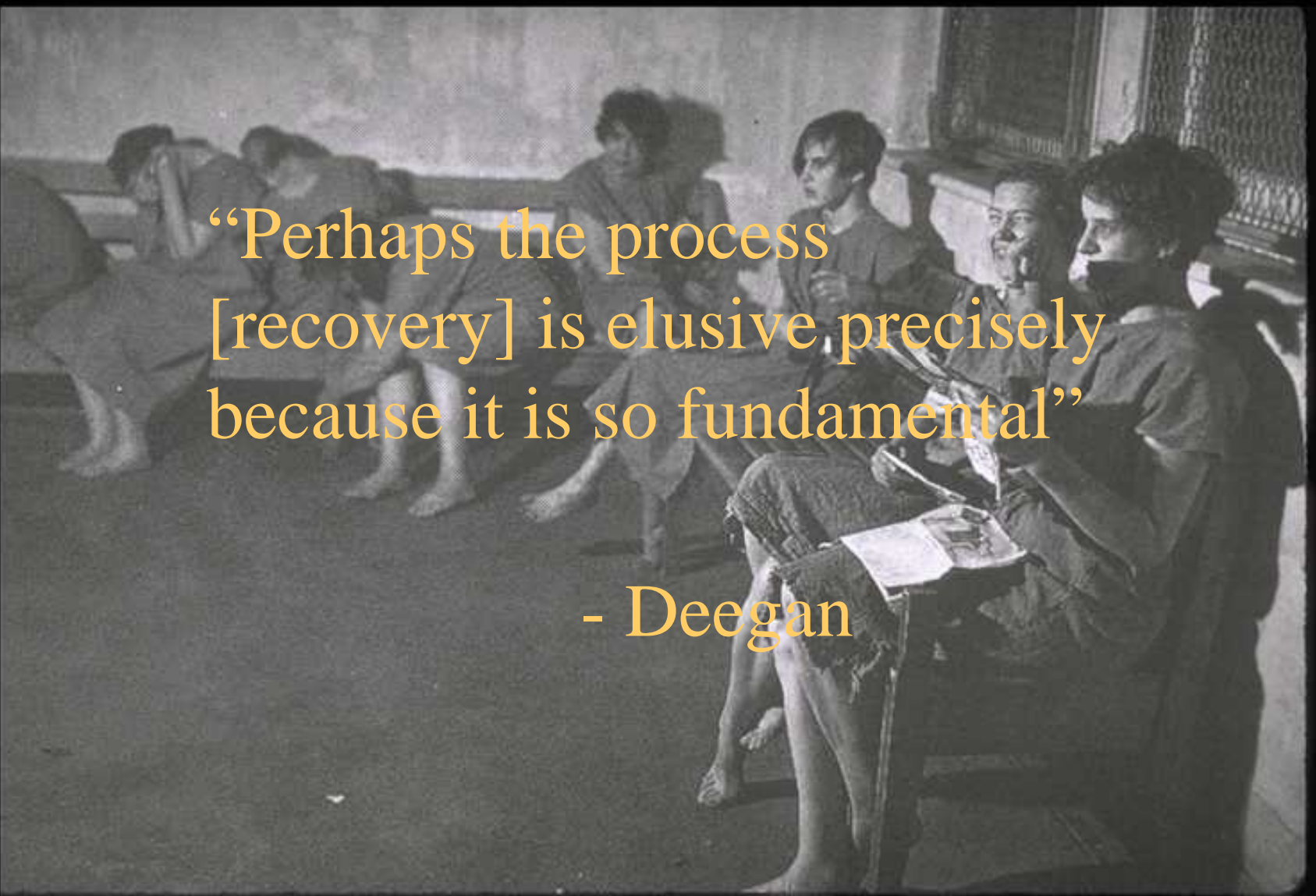
May 5, 2005

What is Recovery?

- ✱ Current Notion dates back to mid-1980's
 - Harding's (1987) Vermont Longitudinal Study that showed the course of severe mental illness was NOT inevitable deterioration.
 - Several first person accounts of "recovery"
 - ◆ Deegan (1988)
 - ◆ Fisher (1992)
 - ◆ Copeland (1994)

What is Recovery?

- Patricia Deegan, Ph.D.
- *Recovery: The Lived Experience of Rehabilitation* Psychosocial Rehab Journal (1988)



“Perhaps the process
[recovery] is elusive precisely
because it is so fundamental”

- Deegan

DSM-IV-TR (2000)

- “... an accurate summary of the long-term outcome of Schizophrenia is not possible. Complete remission (i.e., a return to full premorbid functioning) is probably not common in this disorder. Of those who remain ill, some appear to have a relatively stable course, whereas others show a progressive worsening associated with severe disability.”

DSM-III (1980)

- “The most common course [of schizophrenia] is one of acute exacerbations with increasing residual impairment between episodes.”

“Dramatic improvement in a patient with a diagnosis of schizophrenia was regarded by many clinicians as evidence of original misdiagnosis”

- Rund, BR; Fully Recovered Schizophrenics: a retrospective study of some premorbid and treatment factors. *Psychiatry* 1990; 53:127-139

Biological Psychiatry

- “Relatively little attention has been paid to the role of neuro-degenerative processes [in Schizophrenia] despite the clinical course of the illness and the fact that most patients experience varying degrees of behavioral and cognitive deterioration.”
 - J. Lieberman, Biological Psychiatry (1999)

Kaplan and Sadock's Comprehensive Textbook of Psychiatry, 7th edition (2000)

- “Studies in Europe, the United States, Japan that followed up persons who experienced disabling forms of schizophrenia during adulthood found, 20 to 40 years later, a remarkable 50 to 66 percent functioning actively in their communities with few symptoms, a reasonably good subjective quality of life, and only limited dependence on professional caregivers.” (R. Liberman)

Kaplan and Sadock's Comprehensive Textbook of Psychiatry, 7th edition (2000)

- “These findings have spurred interest in psychiatric rehabilitation as a way to facilitate social and symptomatic **recovery** of seriously mentally ill persons.”

•(R. Liberman)

Remission in Schizophrenia: Proposed Criteria and Rational for consensus

- American Journal of Psychiatry, March 2005
- Nancy C. Andreasen, M.D., Ph.D., et al
- Remission in Schizophrenia Working Group
- “To Develop a Consensus Definition of Remission as applied to Schizophrenia”

Remission in Schizophrenia: Proposed Criteria and Rational for consensus

- “The need for such a definition is timely because...evidence that traditional predictions of generally poor outcome may have been overstated.”

– Nancy C. Andreasen, M.D., Ph.D., et al
Am J Psychiatry 2005; 162:441-449

Recovery

- Has become a popular concept in guiding system reform at both Federal and State level
 - President's New Freedom Commission Final Report
 - SAMHSA vision
 - Commonwealth of Virginia DMHMRSAS Strategic Plan and Vision for Restructuring



The President's New Freedom Commission on Mental Health

Achieving the Promise:

Transforming Mental Health Care in
America

President's New Freedom Commission on Mental Health

Achieving the Goal: Recommendation 2.2

Involve consumers and families fully in orienting the mental health system toward recovery

Vision Statement:

“We envision a future when everyone with a mental illness will recover...”

SAMHSA's largest division, CMHS priority

- Director, Kathryn Power
- Primary objective will be to lead the implementation of the “New Freedom” final report
- Will “transform” a system that is “in shambles” by emphasizing recovery

DMHMRSAS'
Integrated Strategic Plan
strongly emphasizes
Recovery, Empowerment, and
Self-Determination
as the key factor in transforming
our service system.

The term “Recovery” has led to Confusion/Conflict

- Consumers
 - Who are expected to recover
- Professionals and Policy Makers
 - Who are expected to help them

What is Recovery?

A Conceptual Model

Jacobson and Greenley; Pscych Services; April 2001

- Internal Conditions
 - Attitudes, experiences and processes of change of individuals who are recovering
 - Hope
 - Healing
 - Empowerment
 - Connection
- External Conditions
 - Circumstances, events, policies and practices that may facilitate recovery
 - Human Rights
 - A positive culture of healing
 - Recovery-oriented services

Recovery

Internal Conditions

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graph TD; A[Internal Conditions] --> B[Connection]; A --> C[Healing]; A --> D[Empowerment]; A --> E[Hope]
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Connection

Healing

Empowerment

Hope

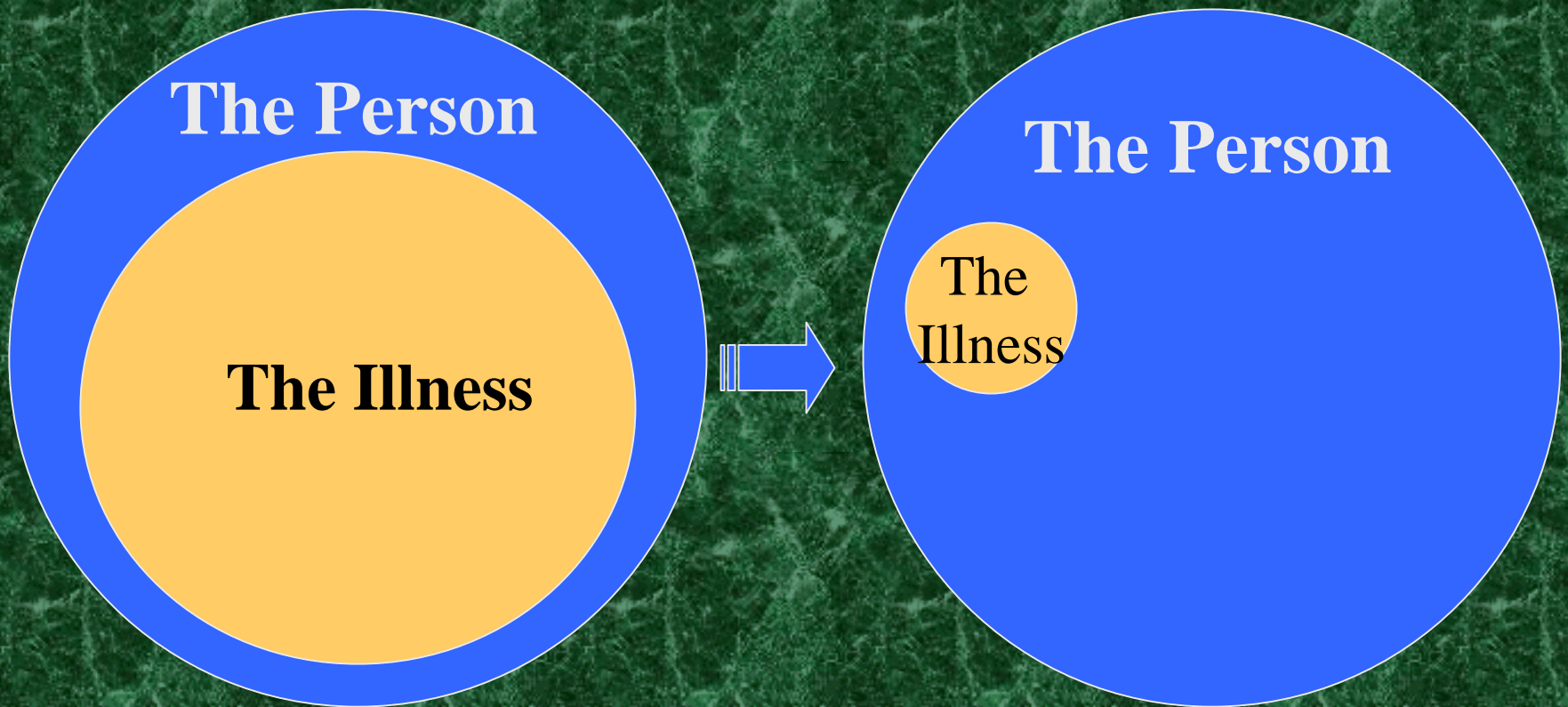
Jacobson: N, A Conceptual Model of Recovery

- **Connection:** rejoining the social world or “getting a life”
- Recovery is a profoundly social process
- For many, this means helping others who are also living with mental illness
 - Becoming provider
 - Peer support
 - Advocate
 - Telling personal story

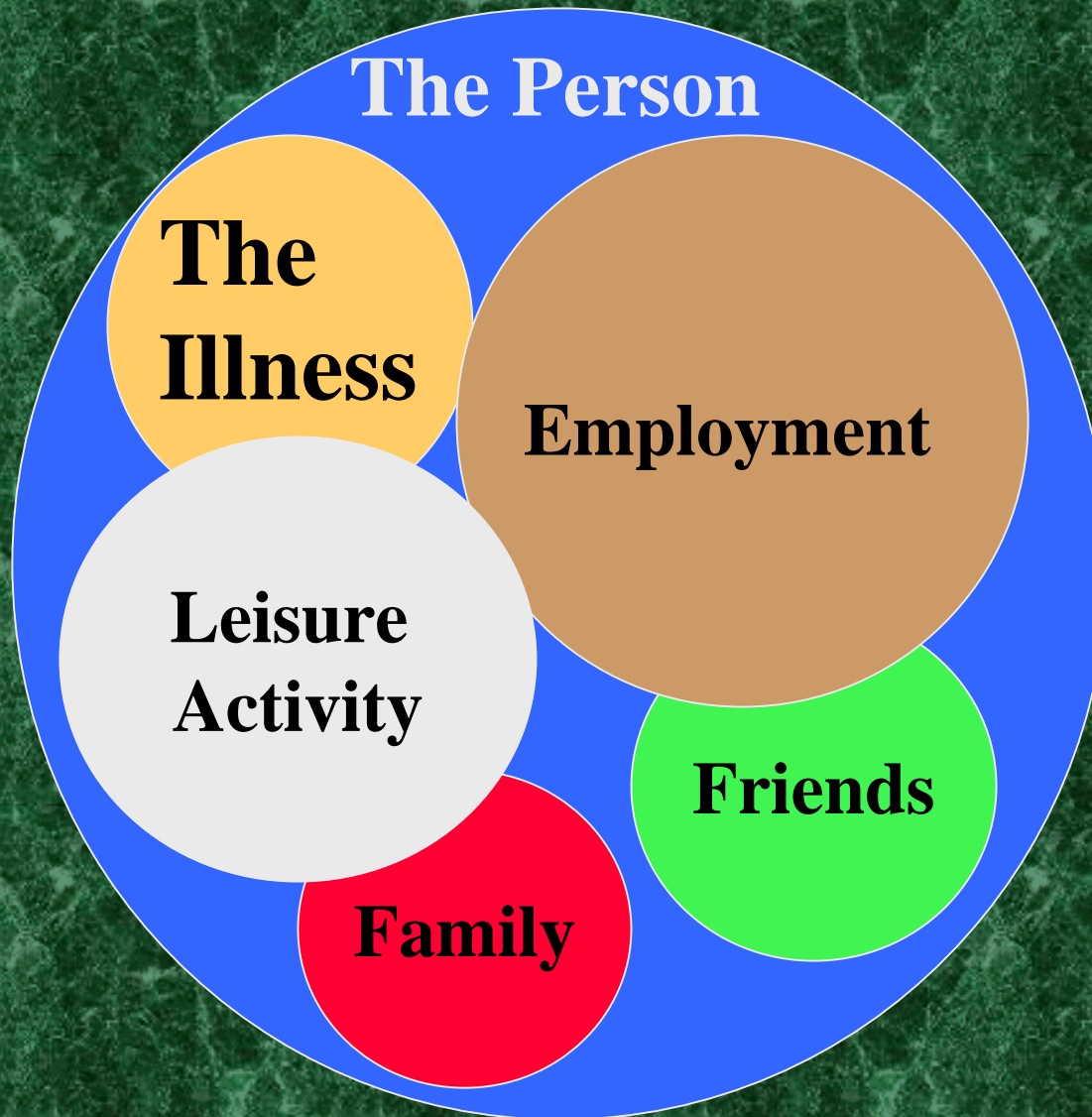
- Healing

- Recovery is NOT synonymous with ‘cure’
- Recovery concept is not necessarily a return to “normal”
- Two components of Healing in Recovery:
 - Defining the self apart from illness
 - Control

Process of Recovery



Process of Recovery



- **Empowerment:** a corrective for the lack of control and dependency that many consumers develop after long-term interactions with the mental health system
- 3 Components
 - Autonomy
 - Knowledge
 - Self-confidence
 - Availability of meaningful choices
 - Courage
 - Willingness to take risks
 - To speak in one's own voice
 - To step out of safe routines
 - Responsibility

- **Hope**: the individual's belief that recovery is possible
- Attitudinal components of **Hope** are:
 - Recognizing, accepting that there is a problem
 - Committing to change
 - Focusing on strengths rather than on weakness or possibility of failure
 - Looking forward rather than ruminating on past
 - Celebrating small victories
 - Reordering priorities
 - Cultivating optimism

(Jacobson and Greeley)

Models of Recovery



Jacobson: N, A Conceptual Model of Recovery

External Conditions of Recovery

- Human Rights
 - Reducing/eliminating stigma
 - Protecting rights of persons in service system
 - Providing equal opportunities (education, housing, employment)
- A Positive Culture of Healing
 - Tolerance, listening, empathy, compassion, respect, safety, trust
- Recovery Oriented Services
 - Attitude of the professionals who provide them
 - Partnership, collaboration

“Recovery” vision not clear for many clinicians

- Poorly defined
- Inspiring Concept, but abstract
- Not research based at this point
- Raises questions:
 - Does “Recovery” vision raise false hopes?
 - Is “Recovery” relevant for only bright, educated, less severely ill?
 - Will some consumers with ongoing symptoms blame themselves for not recovering?

Implications for Providers

(Torrey and Wyzik, Comm. Mental Health Journal, April 2000
The Recovery Vision as a Service Improvement Guide)

- People with psychotic illnesses and other severe mental illnesses have written about their life experiences
- Customer feedback is an essential ingredient of healthcare quality improvement
- Consumer's insights should be valuable to providers who wish to improve services

Implications for Providers

(Torrey and Wyzik, Comm. Mental Health Journal, April 2000
The Recovery Vision as a Service Improvement Guide)

- “For the authors of this report, concerns about the recovery vision have diminished over time. Through reading the consumer literature, talking to consumers, and applying our growing understanding of the the recovery vision...we have become convinced that the recovery vision’s hope promoting benefits outweigh its potential problems.”

Consumer Feedback:

Themes of Recovery Narratives

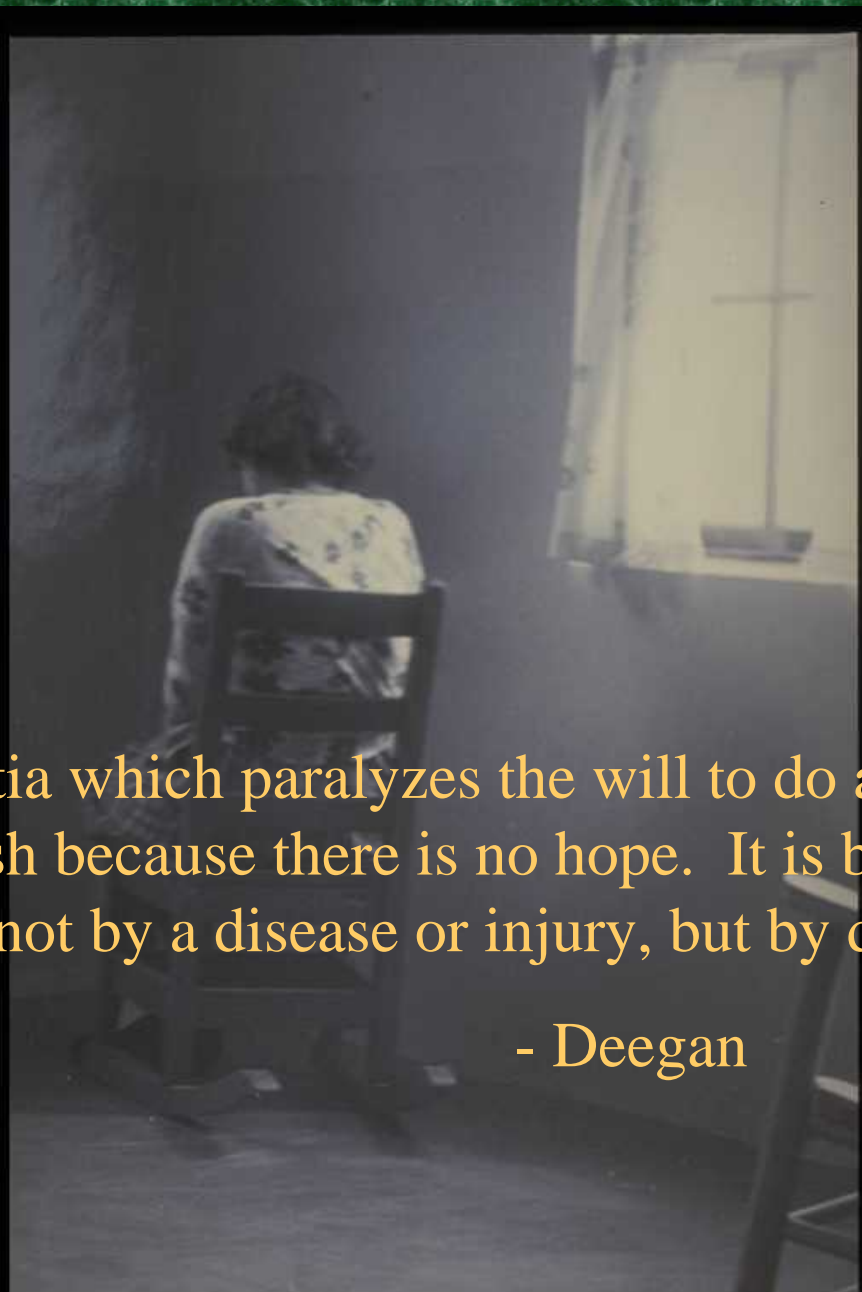
(Torrey and Wyzik)

- Recovery is characterized by growth out of:
 - Hopelessness
 - Powerlessness
 - Illness dominated sense of self

Recovery Vision Implementation:

(Torrey and Wyzik)

- Promoting Hopefulness
 - The restoration of morale
- Supporting consumers' efforts to take personal responsibility for their health
- Helping Consumers develop broad lives that are not illness-dominated

A person is sitting in a dark wooden chair, seen from the back. They are wearing a light-colored, patterned shirt. They are looking out a window on the right side of the frame. The window has white curtains and a dark frame. The room is dimly lit, with the light coming from the window. The background is a plain, light-colored wall.

“It is inertia which paralyzes the will to do and to accomplish because there is no hope. It is being truly disabled, not by a disease or injury, but by despair.”

- Deegan

The Disease Centered Model

- **Professional Role**

- Hierarchical
- Paternal
- In-charge
- Holds the important knowledge
- Responsible for treatment
- Disease is focus

- **Patient's Role**

- Subservient
- Obedient
- Passive
- Recipient of knowledge
- Responsible for following treatment
- Host of the disease

Recovery: Person Centered Model

- Person's Role

- Personal power
- Personal knowledge
- Personal responsibility
- Person in context of life is the focus
- Person is self-determining

- Professional Role

- Power sharing
- Exchange information
- Shared decision-making
- Co-investigator
- Professional is expert consultant on journey

“Recovery” at DMHMRSAS: When the rubber meets the road

- Revision of FRP process
- Seclusion and Restraint reduction
- TOVA vs Mandt training
- Policy changes on Pass/leave
- LOS reduction

TOVA vs Mandt training/interventions



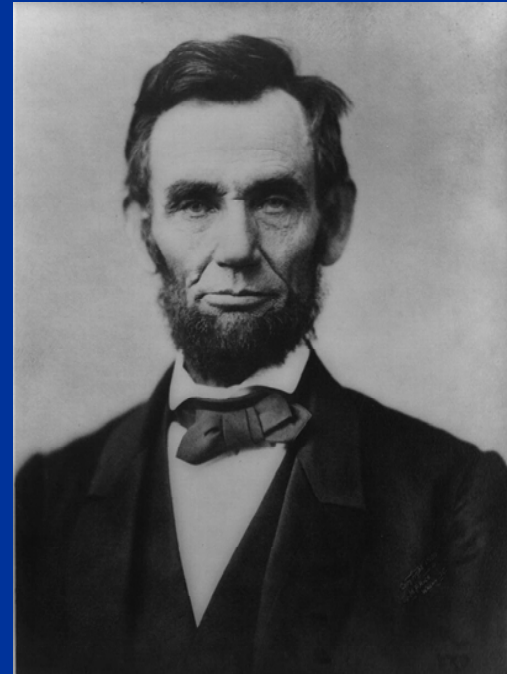
**“Violence is the
language of
the unheard”**

-- Martin Luther King, Jr.

TOVA vs Mandt training/interventions

“Nearly all men can stand adversity, but if you want to test a man’s character, give him power.”

-- Abraham Lincoln



“Recovery” at DMHMRSAS: When the rubber meets the road

- Crisis Stabilization and other community alternative capacity enhancements vs increasing “traditional” inpatient beds
- Crisis Intervention Teams (CIT)
- Mental Health Courts
- Increased involvement of consumers as providers of care

Case Example: Misdemeanant NGRI (MNGRI)

- 25% of total NGRI population (72 of 320)
- Prior to Code Change, Institutional confinement was indefinite (Average LOS: 1087 days)
- 2002 Virginia Code change limited NGRI status to 1 year from acquittal date
 - At end of year:
 - released by courts
 - civil commitment

Misdemeanant NGRIs

- 36 MNGRI in DMHMRSAS facilities in 2002
 - 22 released conditionally in 10/2002
 - 16 civilly committed

Misdemeanant NGRIs

- **Results of MNGRI law change:**
 - **36 MNGRIs placed on CR between 7/02 & 4/05**
 - **26 are in the community:**
 - 11 have been Unconditionally Released by the Courts
 - 14 have remained on Conditional Release without revocation
 - 1 MNGRI was revoked and later unconditionally released
 - **7 have been revoked and remain in the hospital**
 - 4 revoked MNGRIs were civilly committed, after revocation
 - **Revocation for non-adherence to plan, not new crimes**

Statewide Leadership
on

Recovery,
Empowerment,
Self-determination
and Resiliency